

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-family: monospace;">10820982</div>	Filing Date <div style="height: 20px; border: 1px solid black;"></div>		
				Applicant(s) _____			

* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	7		7				
Total Depend	16		16				
Total Claims	23		23				

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Filing Date

Applicant(s)	
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* May be used for additional claims or amendments

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Total Depend	16		16			
Total Claims	23		23			

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